

Response to the Victorian Government’s Lookout Education Support Centres consultation paper

As the peak body representing organisations that work with vulnerable children and families in Victoria, including children in care, the Centre for Excellence in Child and Family Welfare (the Centre) welcomes the opportunity to provide a response to the LOOKOUT Education Support Centres (LOOKOUT Centres) consultation paper.

The Centre represents a wide range of organisations working with foster carers, kinship carers, residential care workers, child protection workers, family services, CHILD First, and children and young people. With such a strong membership base of organisations working with children and young people in care, the Centre has a strong interest in, and commitment to, improving educational outcomes for these children and young people.

Introduction

The LOOKOUT Centres represent a significant investment by the State in a model aimed at addressing the issue of large numbers of children in care who are not enrolled in school, attending regularly or achieving their best. The Centre welcomes the Victorian Government’s commitment to improving school engagement and achievement for the around 6,400 school-aged children and young people currently living in out of home care.

Despite this we have been disappointed in the short timeframe allowed for discussion and the lack of transparency around the release and circulation of the paper. The way in which the consultation process has been managed represents a missed opportunity for the Department of Education and Training (DET) to gather quality responses – from a wide range of member organisations with extensive experience in out-of-home care – to inform the development and rollout of the LOOKOUT Centre model and maximise its potential for success.

Strengths of the LOOKOUT Centre model

The model explicitly focuses on the education needs of children in care

The Centre welcomes the explicit focus on children and young people in care. In addition to building voice and agency,¹ improving educational access and outcomes for children and young people in care is a matter of social justice and an assertion of their rights under the UN Convention on the Rights of the Child.²

A 2013 paper by the Queensland Department of Communities, Child Safety and Disability Services reviewed the literature and found that children and young people in care:

- may not realise their academic potential or achieve educational qualifications
- are over-represented in special education
- may perform below their grade level or underachieve
- can miss out on academic concepts due to instability, placement changes and the associated disruption, including lack of coordination between welfare and education systems when students change schools

¹ Rose, P. & Dyer, C. (2008). Chronic poverty and education: A review of the literature. Working Paper No. 131. Chronic Poverty Research Centre. p.12.

² Jackson, S., & Cameron, C. (2015). *Improving access to further education and higher education for young people in public care: European policy and practice*. London: Jessica Kingsley Publishers. p.28.

- are less likely to progress to tertiary or other post-secondary education
- may have behavioural difficulties that can affect their education, leading to disengagement from school, truancy, repeating grades, suspensions and exclusions.³

However, it also found that not all children in care will reflect these characteristics and that there are some children in care who are doing well academically.⁴ If implemented effectively, the LOOKOUT Centre model will enable targeted responses to each child according to need. The Centre welcomes the focus on monitoring each child and young person's attendance at, engagement in, and performance at school.

Aims to improve the educational aspirations and attainment of children in care

A 2015 Australian Institute of Health and Welfare (AIHW) report linking the data from the Child Protection National Minimum Data Set and the National Assessment Program—Literacy and Numeracy (NAPLAN) highlights how children in care are an academically disadvantaged group.⁵ Students whose NAPLAN results are below the national minimum standard have not achieved the learning outcomes expected for their year level, and are considered at risk of being unable to progress satisfactorily at school without targeted intervention. The AIHW study found the study population – children in care – had lower national minimum standards achievement rates than all students in Australia across assessment domains and year levels.⁶ This is consistent with other studies highlighting the academic performance of children in care, including that children and young people in care are five times less likely than their peers to enter tertiary or higher education.⁷ Interviews with carers suggest a culture of relatively low educational expectations for out-of-home care students.⁸ The LOOKOUT Centres provide an opportunity for schools and community service organisations to lift the educational aspirations for children and young people in out-of-home care.

Promotes a more collaborative and integrated approach to addressing the educational needs of children in care

CREATE's *Education Report Card 2013* highlights the role of carers in creating a home environment that values education and supports young people to improve academic performance.⁹ However, carers cannot work alone to lift aspirations and encourage engagement with learning and support achievement. The LOOKOUT Centres provide a mechanism for bringing together carers, schools, community service organisations, and professionals to identify and cater for the individual needs of each child or young person in care. The Centre welcomes DET's aim of providing a more holistic and integrated approach to improving educational outcomes for children and young people in out-of-

³ Department of Communities, Child Safety and Disability Services (2013). Valuing and improving educational outcomes for children in out-of-home care, Practice paper. Queensland Government.

⁴ Department of Communities, Child Safety and Disability Services, p. 4.

⁵ AIHW. (2015). *Educational Outcomes for children in care: Linking 2013 child protection and NAPLAN data*. Cat. No. CWS 54. Canberra.

⁶ AIHW, p. vi.

⁷ Jackson & Cameron. (2012). Final report of the YIPPEE project. Young people from a public care background: pathways to further and higher education in five European countries, London: Thomas Coram Research Unit, University of London.

⁸ Harvey, A., McNamara, P., Andrewartha, I., & Michael, L. (2015). Out of care, into university: Raising higher education access and achievement of care leavers. La Trobe University: Access & Achievement Research Unit. p.52.

⁹ McDowall, J. (2013). Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013). Sydney: CREATE Foundation.

home care. The LOOKOUT Centres can build on existing mechanisms and partnerships to provide a better wraparound service for each child in care.

Responses to the Consultation Questions

Q1. LOOKOUT Centre will need to prioritise the students who receive additional supports. In Table 1 (p8) have we identified the right characteristics and appropriate examples of support/interventions for all, medium and high needs students?

The Centre recognises the need to prioritise students to receive additional supports but it is not clear from the table how this will work in practice or the role of the LOOKOUT Centre in making this happen.

Characteristics of student need:

- The Centre notes the appropriateness of targeting all school age children and young people from 6 to 17 years in out-of-home care on court orders in the South-West Region. However this excludes young people formerly in care who are 18 years of age and who continue to need education support to transition successfully to further or higher education. Member organisations have consistently reported back the difficulties faced by young people who have recently left care and want to continue an education pathway. These young people are particularly vulnerable in the 12 months after leaving care.
- The categories of students do not include children placed informally in kinship arrangements where carers may be struggling to provide the level of support needed.
- Some of the characteristics associated with ‘medium need’ are suggestive of a higher level of risk. For example, students who experience multiple school and placement changes need to be considered at high risk of disengaging from school given this level of instability in their lives. Having to continually adapt to new circumstances, relationships, processes, and expectations requires considerable resilience and high levels of support.
- Similarly, if a child or young person is displaying ‘concerning behaviours’ including bullying and dangerous behaviour to self or others, this suggests the child is at more than ‘medium’ risk. Such behaviour represents a higher level of risk, for example, than a child demonstrating ‘early signs of disengaging’.

Supports/interventions in response to identified student need:

Clarity is needed around the following:

For all school age children

- Who will make sure that number of ‘supports’ involved don’t overwhelm the child or young person to an extent where they feel powerless?
- Who will oversee the Student Support Groups and make sure they meet regularly?
 - What role will the LOOKOUT Centre have in making sure these groups operate in a meaningful way with clear objectives and outcomes?
 - How will the LOOKOUT Centres gain assurance that the student is an active participant in the process?
- What is the criteria for a ‘good quality’ Individual Education Plan?
 - How will its quality be assessed?
 - What will the role of the LOOKOUT Centre be in ensuring quality, timeliness and effectiveness and the smooth transfer of the plan if/when the child or young person moves to another school?
- What are the key characteristics, skills and experience required for an individual to fulfil the role of Learning Mentor effectively?
 - How will the LOOKOUT Centres gain assurance that this role is working effectively?

- Are the Learning Mentors additional staff or drawn from existing staff in schools?
- Do they work in one school or across several schools?
- How do they relate to/work with the Designated Teacher role?
- The Learning Mentor role includes advocacy – how feasible is this in a school environment?
- What local and regional conditions, mechanisms and data systems need to be in place to enable whole-of-region reporting on enrolment status, location, attendance and educational progress and achievement as per the IEPs?
- How will the LOOKOUT Centres ‘work in partnership’ with Student Support Services and school-based wellbeing staff, school specialists (e.g. Psychologists) and school staff more broadly?
 - What are the mechanisms or processes to enable this?
 - What does it look like in practice?
- How do the LOOKOUT Centres fit with existing mechanisms/relationships such as the Child and Youth Area Partnerships, Child FIRST, Integrated Family Services? DHHS’ Local Engagement Officers, Koori Education Support Officers?
 - What mapping has been done of all available services locally, regionally and at the state level to determine the nature and robustness of the various relationships and how the LOOKOUT Centres can add value to what already exists?
- What role, if any, will the LOOKOUT Centres have in relation to decisions about Targeted Care Packages for children and young people in care?
- How will the individual education needs of children in care be identified and by whom and what role will the LOOKOUT Centres have in this process?

For students deemed to be ‘medium need’

- What does it look like in practice for the LOOKOUT Centres to ‘work with’ the Student Support Group, Child Protection, CSO case managers, carers and Designated Teachers? Each group is quite different in its expectations, skill sets, and level/type of involvement with the child - how will the LOOKOUT Centres work with each to ensure a consistent and integrated support system in place for each child?
- What kind of ‘support’ will the LOOKOUT Centres provide teachers working with students who have behavioural difficulties and/or are performing below levels? What will this support look like in practice?

For students deemed to be ‘high need’

- How will these suggested interventions – which involve developing strategies, supporting, working closely, and referring to other pathways – work in practice?
 - Who will develop the strategies and what supports will be provided to avoid exclusion/expulsion?
 - What role will the LOOKOUT Centres have in reducing the number of children in care who are disengaged, suspended, expelled, involved in youth justice?
- Who will be responsible for referring students to alternative programs to work towards re-engagement and/or continued study?

Q2. What critical information should be shared between DET, DHHS and CSOs to ensure that the care and education status of children and young people can be monitored?

The information collected in the Learning and Development section of the DHHS Outcomes Framework should be shared with DET to avoid unnecessary duplication and an administrative burden on CSOs. The framework includes a range of relevant information to enable the educational status of children and young people in care to be monitored.

Member feedback suggests that a child's 'out-of-home care' status is not always entered in CASES21 at the time of enrolment. A 2014 Youth Movement Initiative report suggests that DHHS does not share this information with DET.¹⁰ If this information is not entered at enrolment then it is difficult to add this information subsequently into the database, meaning critical information about a child is not always being captured. DET needs to examine whether existing databases are flexible enough to enable post-enrolment updates and whether they need to be modified to capture such baseline information more easily.

Q3. What would be an ideal monitoring system to support full implementation of the Partnering Agreement? How would it work in practice? How would it fit in with your current day to day work flow and tasks?

The Out-of-home Care Education Commitment or Partnering Agreement has been in existence since 2003. The revised version in 2011 sets out various key requirements and states that compliance with these will be monitored by DET and DHHS through an annual survey. The survey is intended to capture such data as numbers of children and young people in out-of-home care with Student Support Group, an Individual Education Plan, a learning mentor, and an educational needs assessment.

The Centre is not aware of the results of recent annual surveys. However it is difficult to see how the data captured can be reassuring for either DET or DHHS given the lack of knowledge about – and therefore commitment to – the Partnering Agreement in schools. Feedback from our members indicates a concerning lack of knowledge in schools from principals and staff about the existing Partnering Agreement obligations. Where there *is* knowledge about the Partnering Agreement, this appears to be applied inconsistently within and across schools. Feedback from members also indicates not all schools have the capacity to develop and manage Individual Education Plans. There is lack of clarity around the role of the Learning Mentor and how these mentors are being used. It is not clear how many children have a Student Support Group, how often these meet, and how effective these are in monitoring engagement and performance.

In its current form, the Partnering Agreement does not hold either DET or DHHS to account. It does not hold schools or DHHS employees to account. An ideal monitoring system would require both DHHS and DET to:

- Show how each has communicated and promoted the Partnering Agreement requirements to school principals, regional education officers and case managers, including any training that has been provided and an assessment of how well the training has prepared parties to implement the Partnering Agreement.
- Review existing requirements in the Partnering Agreement to identify key obligations to form the basis for a compliance monitoring system. The current Partnering Agreement lists many responsibilities for each party, not all of which are easily measured. There needs to be a minimum set of requirements for which each party is held accountable and must report against.
- Make the findings from the annual surveys available to schools, regional education staff and case managers to encourage compliance with the partnering obligations and assist other schools to implement good practice.
- Show how non-compliance has been managed and with what success.

If implemented effectively, the LOOKOUT Centres will provide a mechanism for tracking every student in care. Oversight of each child's case should also enable overall trends to be identified and

¹⁰ The Youth Movement Initiative. (2014). 'Spaghetti Bolognaise on a Tuesday Night': Reflections on the DHS Child Protection Best Interest Plan Process.

reported at the system level. However, a primary and urgent task of the LOOKOUT Centres will be to make sure the Partnering Agreements are working effectively.

Q4. What kind of professional development has proven effective for schools, CPP and CSO case managers and carers to promote awareness and understanding of the education needs and experiences of children and young people in out-of-home care?

Trauma-informed training has enabled those working with children in care to gain a better understanding of the impact of early experiences on brain development and behaviour, including at school. The Partnering Agreement highlights some of the factors that can affect school performance, such as reduced cognitive capacity, sleep disturbance, memory difficulties and language delays. Classroom teachers in particular would benefit from training that shows the links between abuse and neglect and attitudes to and capacity for learning. This should be extended to all teachers as part of their base training and not limited to those teaching children in care at the time of the training.

Teachers, carers, child protection workers and other professionals, including career counsellors, and children and young people in care would benefit from exposure to case studies of young people who have achieved their educational goals – whether these involve taking up a traineeship, apprenticeship, TAFE or university study, full-time employment or returning to study as a mature age adult. Case studies of this nature can help raise aspirations and expectations and show what is possible. The LOOKOUT Centres provide a potential central mechanism for the collation and dissemination of such case studies.

The Centre's work on a three year project aimed at improving outcomes for young people in and leaving care,¹¹ shows that carers do not always understand existing entitlements for children and young people to support them to go on to further or higher education. They are not aware of where to get information from to support career planning, what questions to be asking the school to determine how they could assist the child at home, and do not always know how to instil higher aspirations and support academic achievement for the child in their care. DET could work more closely with the Centre to develop practical training explicitly for carers to assist them in supporting young people's engagement in and performance at school. This training needs to be flexible, easy to access, affordable and available to any carer regardless of geographic location.

Q5. How would you like to see the views of young people regarding their educational needs and aspirations captured and used to inform LOOKOUT operations?

DET could use existing mechanisms such as the IEP, ENA, and Student Support Group, to include a requirement that shows explicitly how the child or young person was consulted and how their views have been incorporated or reflected. Making this part of a formal reporting requirement, if this is not already done, would give the LOOKOUT Centres evidence of children and young people being directly engaged in decision making processes that affect their lives.

Consider establishing advisory groups of young people who have left care to contribute to the development of genuine processes and mechanisms for capturing the views of young people. These young people have the relevant experiences to be able to identify where the system works well and where it can be improved. Incorporate the principles and suggestions, based on firsthand experience, of the 2014 Youth Movement Initiative (YMI) paper, which reflects on the factors that inhibit and encourage children and young people in care from speaking up and being genuinely

¹¹ 'Improving outcomes for young people in and leaving care' is a three-way project undertaken by the CFCEFW in collaboration with La Trobe University and Federation University Australia, funded by the Sidney Myer Foundation, 2015-18.

heard. The paper includes 16 recommendations that, if implemented, would mean the voices of children and young people could be captured authentically to improve practice. For example, one of YMI's suggestions is for a program of independent Youth Advocates who can speak up on behalf of children and young people in care at meetings.

The role of the Commission for Children and Young People (CYPP) needs to be more widely promoted to children and young people in care together with clear and accessible information about how to contact the CYPP. This provides another avenue for the voice of young people to be heard in confidence when other earlier opportunities have not been robustly or consistently provided.

Other observations

It is not clear from the consultation paper how DET is intending to address the following challenges:

- Tracking the educational pathway and needs of children and young people in care who move outside the region covered by the LOOKOUT Centre. What robust protocols will be in place to make sure progress of the children is not compromised? This should include clearly identifying responsibility for making sure data remains confidential and accompanies each young person to avoid them having to re-tell their story to another group of professionals.
- How will LOOKOUT Centres be held to account given their complex corporate parenting and governance arrangements?
- How will their effectiveness be evaluated? DET's intention to proceed with the rollout of the remaining LOOKOUT Centres in early 2017 does not allow sufficient time to fully address any issues identified before full rollout. It is also not clear how the impact of the model will be evaluated long-term. How will DET gain assurance that this model has been effective?
- Members inform us of the pressing needs of young people who are forced to leave care once they turn 18 years. What capacity will the virtual school have to include in its scope young people aged over 17 years who need support to enter/stay in further or higher education?
- Linking into or taking account of the Targeted Care Packages initiative introduced by DHHS specifically to better support the needs of children in care? It is not clear how the work of the LOOKOUT Centre will link to this existing support mechanism.
- Aligning, understanding and working with DHHS to address issues identified through the education outcomes area in the OOHOC Outcomes Framework.

Conclusion

The Centre recognises the potential of the LOOKOUT Centres to track the progress of every child and young person in care to make sure they remain engaged in learning and have the necessary skills and knowledge to undertake further education, training and/or employment successfully.

However, the consultation paper suggests that there is still a lot of work to be done before the model can be rolled out effectively. In particular, there is a need for clearly articulated processes, protocols and mechanisms for improving coordination between health, education, family services and carers. It is also not clear how the LOOKOUT Centres will be held accountable or evaluated, particularly in the short timeframe leading up to the proposed full rollout in early 2017.